# Initiating a Field Medical Card Purpose

- -- Prepared on any soldier who sustains wounds in the theater of Operations
- -- Designed to be used in forward combat areas by NATO troops, that's why instructions are in French/English
- -- Field Medical Card provides medical personnel where casualty is evacuated to with the information regarding basic information f
- -- Minimum b 3,4, 9, and 11

(LIGHT INFANTRY)

are blocks 1,



## Introduction

- The Field Medical Card (DD-1380), is part of official and permanent medical treatment records
- Provides medical treatment staff with an accurate, standardized record of the patient care initiated, prior to the patient's arrival to the medical facility
- This record alerts the receiving medical facility to any special patient care needed for treatment and helps prevent delays

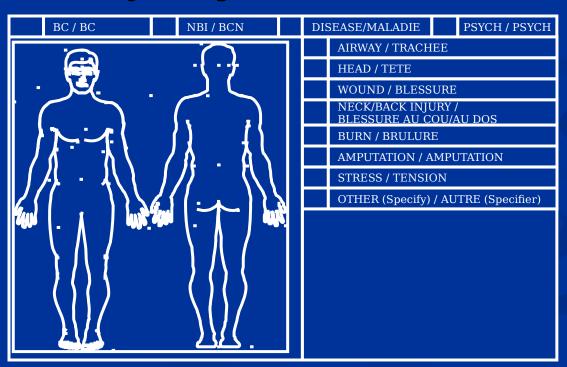
- Name
- Rank
- SSN (if casualty is member of a foreign service, enter their military number in this block—if they are civilian, leave it blank)
- MOS
- Sex
- Religion (important for critical casualties so that they can notify appropriate religious personnel.)

- Full name
- Rank/grade
- Social security number (SSN)
- Military occupational specialty (MOS) or area of concentration for specialty code

1. LAST NAME FIRST NAME / NOM ET PRENOM		RANK/GRADE	MALE/HOMME FEMALE/FEMME
SSN / NUMERO MATRICULE	SPECIALTY CODE / GPM		RELIGION/RELIGION

- Mark the appropriate block which shows type of injury above block 3 (e.g. BC=Battle casualty; NBI=Non Battle Injury; Disease=illness; Pysch=Battle Stress, or other)
- Mark the figures on the Left portion with a small "x" to indicate where the wound, or wounds are located. Be sure to check casualty for entrance and exit wound
- Check the box on the right to annotate location where medical person should check: Airway, Head, Wound, Neck/Back Injury, Burn, Amputation, Stress, or other (for illness and anything not covered).

- Use the figures in the block to show the location of the injury or injuries
- Check the appropriate box(es) to describe the casualty's injuries



- Check Casualties Level of Consciousness (this helps them determine if it has changed by the time he arrives at the MTF-Medical Treatment Facility)
- $\blacksquare$  A = Alert
- V = Verbal (responds to just verbal commands)
- P = Pain (body responds to painful stimuli)
- U = Unresponsive (There is no response from the casualty)

Check the appropriate box for level of consciousness

4. LEVEL OF CONCIOUSNESS / NIVEAU DE CONSCIENCE				
	ALERT / ALERTE	PA	IN RESPONSE / REPONSE A LA DOULE	ER
	VERBAL RESPONSE / REPONSE VEBALE		UNRESPONSIVE / SANS REPONSE	

- Enter a Brief description of treatment given. Use appropriate medical abbreviations- if not known, just use plain English.
- If a Tourniquet was applied, annotate that here, as well as the time it was applied, and location.
- If medications or Morphine were administered, then annotate the time it was given as well dosage.

- Write treatment given
- Use block 14 for additional space

9. TREATMENT/OBSERVATIONS/CURRENT MEDICATIONS/ALLERGIES/NBC (ANTIDOTE)
TRAITEMENT/OBSERVATIONS/PRESENTE MEDICATION/ALLERGIES/ANTIDOTES

Multiple LW over anterior aspect of body due to hand grenade explosion. NKDA. Field dressings and pressure dressing applied.

# **Authorized Abbreviations**

- Abraded wound Abr W
- Contused wound Cont W
- Fracture (compound) open FC
- Fracture (compound) open comminuted FCC
- Fracture simple (closed) FS
- Lacerated wound LW

## Authorized Abbreviations

- Multiple wounds MW
- Penetrating wound Pen W
- Perforating wound Perf W
- Severe SV
- Slight SL
- Gun Shot Wound GSW

### Block 11

Enter your initials in this block at the far right, and leave room for the following medical officer to sign. Leave the date alone.

Your initials on the <u>far right</u> of the block

11.PROVIDER/UNIT / OFFICIER MEDICALE/UNITE

DATE/DATE (YYMMDD)

# Complete the Other Blocks As Time Permits

- Block 2 enter the casualty's unit and country of whose armed forces he/she is a member. Check the armed services of the casualty
- Block 5 write the casualty's pulse rate and the time that the pulse was measured

# Complete the Other Blocks As Time Permits

- Block 8 write in the time, date, and type of IV solution given
- Block 10 check the appropriate box.
  Write the date and time of disposition
- Block 12 write the time and date of the casualty's arrival. Record the blood pressure, pulse, and respirations in the space provided

# Complete the Other Blocks As Time Permits

- Block 13 document the appropriate comments by the date and time of observation
- Block 14 document the provider's orders by date and time. Record the dose of tetanus administered and the time it was administered. Record the type and dose of antibiotic administered and the time it was administered

# Complete the Other Blocks As Time Permits

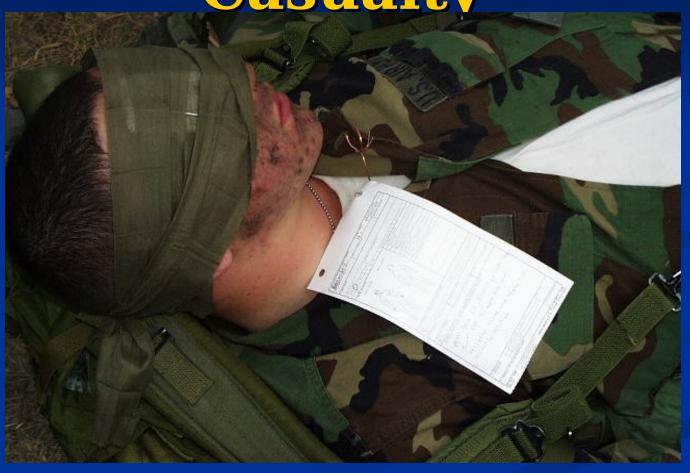
- Block 15 the signature of the provider or medical officer and date is written in this block
- Block 16 check the appropriate box and enter the date and time

# Complete the Other Blocks As Time Permits

Block 17 - this block will be completed by the United Ministry Team. Check the appropriate box of the service provided. The signature of the chaplain providing the service is written in this block

## After Completing, Attach It to the





## Summary

- The Field Medical Card is a patient's lifeline when passed from one Medical Treatment Facility to another
- Mistakes or omissions on this form can cost lives
- Be sure you have mastered this procedure well

# QUESTIONS?